

HEALTH DEPARTMENT

Medical Examiner's Office

43585 Elizabeth Road Mount Clemens, Michigan 48043 586-469-5214 FAX 586-469-6636 macombcountymi.gov/publichealth

Thomas J. Kalkofen Director/Health Officer

Daniel J. Spitz, M.D. Medical Examiner

FREEDOM OF INFORMATION ACT REQUEST

RELEASE OF MEDICAL EXAMINER RECORDS UNDER THE FREEDOM OF INFORMATION ACT: 1976 PA 442, MCLA 15.231

DATE:	
In accordance with the Freedom of Informa copy of the Medical Examiner autopsy and	tion Act, I, the undersigned, am requesting a toxicology reports for:
NAME OF DECEASED:	
CASE NUMBER:	DATE OF DEATH:
SIGNATURE:	
PRINTED NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
PHONE NUMBER:	
RELATIONSHIP TO DECEASED:	

THE 2007 FEE FOR A SET OF AUTOPSY & TOXICOLOGY REPORTS IS \$30.00.

PLEASE INCLUDE YOUR CHECK OR MONEY ORDER PAYABLE TO THE

MACOMB COUNTY HEALTH DEPARTMENT WITH YOUR REQUEST.

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